

Purpose The MEI is a 27-item scale created to assess fatigue and lassitude. The scale was initially developed for the purpose of evaluating interventions to improve motivation and energy in patients with depression, though with further evaluation, its clinical applications could be extended to other patient groups [1]. The MEI assesses three factors: mental or cognitive energy, social motivation, and physical energy.

Population for Testing The scale was initially validated in a population of patients experiencing a major depressive episode. Participant ages ranged from 18 to 76 years.

Administration The scale is a self-report, paper-and-pencil measure requiring between 5 and 10 min for completion.

Reliability and Validity Researchers Fehnel and colleagues [1] have evaluated the scale's psychometric properties and demonstrated an internal consistency ranging from .75 to .89. Scores

on the MEI were moderately correlated with results obtained on the HAM-D (Chap. 42), a scale to evaluate symptoms of depression, and each of the three subscales was found to be sensitive to changes in depressive symptoms resulting from treatment with antidepressants.

Obtaining a Copy A copy of the scale can be found in the original article published by developers [1].

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Scoring Respondents use scales ranging from 0 (indicating that the behavior is never present) to 5 or 6 (a behavior or feeling that is present very frequently or all of the time). Items 3–11, 13–15, 17, and 18 are reverse-scored in order to ensure that higher scores indicate greater levels of motivation and energy. To find total scores for the three subscales, sum the items that belong to each.

The Motivation and Energy Inventory (MEI)

For each question below, please check one box to indicate the way you have been feeling during the past 4 weeks. When answering, please try to consider every day of the week (including weekends), as well as every setting that applies to you such as work, home, school, etc.

1. During the past 4 weeks, how often did you feel enthusiastic when you began your day?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	Less than one day a week	1 or 2 days a week	3 or 4 days a week	5 or 6 days a week	Every day or nearly every day

2. During the past 4 weeks, how often did you feel satisfied with what you accomplished during the day?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	Less than one day a week	1 or 2 days a week	3 or 4 days a week	5 or 6 days a week	Every day or nearly every day

3. During the past 4 weeks, how often did you have trouble getting out of bed in the morning because you didn't want to face the day?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	Less than one day a week	1 or 2 days a week	3 or 4 days a week	5 or 6 days a week	Every day or nearly every day

4. During the past 4 weeks, how often did you run out of energy before the end of the day?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	Less than one day a week	1 or 2 days a week	3 or 4 days a week	5 or 6 days a week	Every day or nearly every day

5. During the past 4 weeks, how often did you have trouble finishing things you started because you lost interest in them?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

6. During the past 4 weeks, how often did you feel overwhelmed even by small tasks?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

7. During the past 4 weeks, how often did you procrastinate or put things off until another day?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

8. During the past 4 weeks, how often did you have trouble remembering information (such as people's names, where you put things, or what you needed from the grocery store)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

9. During the past 4 weeks, how often did you have problems concentrating?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

10. During the past 4 weeks, how often did you have trouble making minor decisions?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

11. During the past 4 weeks, how often did you avoid social conversations with others?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

12. During the past 4 weeks, how often did you take advantage of opportunities to get to know other people better?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

13. During the past 4 weeks, how much of the time did you prefer to be alone?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

14. During the past 4 weeks, how much of the time did you have trouble focusing your attention on your work or other activities?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

15. During the past 4 weeks, how much of the time did you have trouble keeping things organized?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

16. During the past 4 weeks, how much of the time were you able to keep up with chores around the house such as laundry, cleaning, and doing the dishes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

17. During the past 4 weeks, how much of the time did you feel physically tired during the day?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

18. During the past 4 weeks, how much of the time did you feel exhausted?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

19. During the past 4 weeks, how much of the time did you feel energetic?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

20. During the past 4 weeks, how much of the time did you feel motivated?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6
Never			About half of the time			All of the time

21. During the past 4 weeks, how often did you call, e-mail, or write letters to friends or family members?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	Less than once a week	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	At least 7 times a week

22. During the past 4 weeks, how often did you get together with friends or family members who don't live with you?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	Less than once a week	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	At least 7 times a week

23. During the past 4 weeks, how often did you engage in recreational activities or hobbies?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | Less than
once a week | 1 or 2 times
a week | 3 or 4 times
a week | 5 or 6 times
a week | At least 7
times a week |

24. During the past 4 weeks, how often did you exercise (for example by walking, swimming, or practicing yoga)?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | Less than
once a week | 1 or 2 times
a week | 3 or 4 times
a week | 5 or 6 times
a week | At least 7
times a week |

25. During the past 4 weeks, to what extent were you interested in sexual activity?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all
interested | A little
interested | Somewhat
interested | Quite
interested | Extremely
interested |

26. During the past 4 weeks, to what extent were you interested in taking on additional tasks or projects?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all
interested | A little
interested | Somewhat
interested | Quite
interested | Extremely
interested |

27. During the past 4 weeks, to what extent were you interested in learning or trying new things?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all
interested | A little
interested | Somewhat
interested | Quite
interested | Extremely
interested |

29. During the past 4 weeks, to what extent were you interested in talking with others?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all
interested | A little
interested | Somewhat
interested | Quite
interested | Extremely
interested |

30. During the past 4 weeks, to what extent were you interested in social activities like visiting friends, going out to dinner, or parties?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all
interested | A little
interested | Somewhat
interested | Quite
interested | Extremely
interested |

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Reference

1. Fehnel, S. E., Bann, C. M., Hogue, S. L., Kwong, W. J., Mahajan, S. S. (2004). The development and psychometric evaluation of the motivation and energy inventory. *Qual Life Res.* 13, 1321–1336.

Representative Studies Using Scale

- Gross, P. K., Nourse, R., Wasser, T. E., & Bukenya, D. (2007). Safety and efficacy of bupropion extended release in treating a community sample of Hispanic and African American adults with major depressive disorder: an open-label study. *Journal of Clinical Psychiatry*, 9(2), 108–112.